

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.							
Due Date All Routes	To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District Nan	ne		Legal Entity Number	
Deer Lodge		12	Anacond	onda Public Schools		0236 0237	
Route # Length of Route				f Service Bus Route Mileage		Rated Capacity	
4	17.2		□ Non Bus Mileage		age	77	
Vehicle I.D. #	License #			Bus Route Mileage □ District Owned Co		Contractor Owned	
1HVBBPLP9PH527318			□ Contract - If so, Name of Owner Karst Stage, Inc □ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity 0236			must match budget! Legal Entity		Legal Entity		
9/ 100.00	%		%		%		
% 100.00 PASSENGER INFORMATION	%		70		%		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL I (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)		HOWBEI		NOMBE	<u>`</u>	415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)	eement that would to be eligible) garten riders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date						mmittee.	
					Daig		
This Application for Registration area assigned to it by the Coun	n of School Bus ar ty Transportation						
Signature - Chair, County Transport	ation Committee				Date		



Date

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Signature - Chair, County Transportation Committee



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Due Dates All Routes	To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number District Name			Legal Entity Number		
Deer Lodge				a Dublia Sabaala		0236 0237	
		(miles per day)		Anaconda Public Schools Type of Service □ Bus Route Mile		Rated Capacity	
•	•			□ Non Bus Mileage			
Vahiala I.D. #	26	T	Bus Route Mileage			77	
Vehicle I.D. # License #				District Owned Contract Contract - If so, Name of Owner Karst St			
1HVBBPLP9PH527321 5875		□ Contract - if so, Name of Contracted rate per mile _			taisi Siaye,	, IIIC 	
Reimbursement Distribution- Er	ter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		tch budget! Legal Entity			Legal Entity	
		237	Logar Linky		Logai Linn	,	
% 23.00	% 77	.00	%		%		
PASSENGER INFORMATION		ELEMENTARY R	IDERS	HIGH SCHOOL	PIDEDS	TOTAL	
Number of Preschool/Kindergar	ten pupils riding	(Grades PK-		(Grades 9-1	_	ELIGIBLE RIDERS	
this route		3		b		С	
		a NUMBER		NUMBER		a + b	
Regular (include eligible Preschool/h	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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County 1 This Application for Registration		ommittee Approval as re					
area assigned to it by the Count			as been leviev		, bus operates	within the transportation	
Signature - Chair, County Transporta	ation Committee				Date		



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receives state reimbursement							
Due Date	es:	To County Supt To OPI		R	ate Per Mile		
All Route	s	Octobe	er 1	October 15	\$	60.95	
County Name		County Number	District Nam	ne		Legal Entity Number	
Deer Lodge		12	Anaconda	a Public Schools		0236 0237	
Route #	Length of Route	(miles per day)	Type of Service ☐ Bus Route Milea			Rated Capacity	
10 61.2		Bus Route Mi		□ Non Bus Milea e Mileage		39	
Vehicle I.D. # License #			□ District Owned		Contractor Owned		
1HVBBABP7VH521562 C263			□ Contract - If so, Name of Owner Karst		Karst Stage,	Inc 	
Reimbursement Distribution- E	nter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity	must match budget! Legal Entity			Legal Entity		
0236							
% 100.00	%		%		%	%	
PASSENGER INFORMATION							
Number of Preschool/Kinderga	arten pupils riding	ELEMENTARY RI (Grades PK-8				TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		C	
Regular (include eligible Preschool	/Kindergarten riders)	NOWBER		NOMBER	`	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Relate	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e. nonresident and no attendance ago otherwise allow nonresident riders (Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible	reement that would to be eligible) rgarten riders)						
TOTAL RIDERS							
We hereby certify that this bus to County Transportation Committee. We agree to supervision of this required; to provide a vehicle which Superintendent; and to provide a list We also agree to refrain from so We understand that violations of this bus route. We agree that if this route cross the school boards of both districts a We understand route changes of accordance with 20-10-132, MCA. I certify that this application for bus operates on the route as a	We further certify that bus and bus route by to meets the minimum is censed, qualified and a pliciting or causing other of the laws, rules or registed to the baccurring during the some registration of school care in the school of the school	this bus transports pupils elighe State Superintendent; to me standards as established by the approved driver to operate such approved driver to operate such as the superior of the standards of the standards are superior of the superior o	ible for school tr ake such report e Board of Publi h vehicle as req er transportation sportation will be the district, a co of this docume in amended TR- ement is true a	ransportation as defined by s to the State Superintende ic Education, the Montana uired by 20-10-103, MCA. areas. e sufficient cause for withher pay of the agreement between the company of the and complete to the bes	20-10-101, MCA ent and County Si Highway Patrol and olding of state and een Boards, 20-1 County Transport	uperintendent as are not the State d county reimbursement for 0-126(2) MCA, signed by tation Committee in dge and belief, and the	
Signature - Chair, Board of Trustee		nin the transportation servi	ce area assigi	ned by the County Tran	sportation Com Date	irriittee.	
Operation	Transpariation	ammittoo Ammusuul sa saa	unigod im aaa	ordanos with Castian (0 40 422 140	^	
This Application for Registration	n of School Bus and						
area assigned to it by the Cour Signature - Chair, County Transpo	ommittee.			Date			



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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Deer Lodge Anaconda Public Schools 0236 0237 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5 109.6 77 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 1HVBBPLP1PH527314 5899 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0236 0237 % 83.00 % 17.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date